

Predictive  
Preventative  
Precise  
Population  
Patient  
Person



# System P

THIS PROGRAMME IS ACROSS CHESHIRE & MERSEYSIDE

## what is System P?



**DATA**



**ANALYTICS**



**CARE**



**PAYMENT**

**System P** is the whole system approach to addressing multiagency, multisector challenges that negatively impact population health and will deliver transformational change in service provision through collaborative working.

It is based on four 'DACP' pillars of work – **data** transformation **analytical** transformation, **care** transformation and **payment** transformation – to reflect our belief that transformation in all four areas is required if we are to

**Enabling us to programme equity, rather than tackle inequality**

genuinely change public services in order to manage population health more effectively.

**Data** – Flow and integrate all data necessary to understand and improve residents' health and care journeys.

**Analytics** – Network and invest in the data analysts and technologies

delivering a world-leading combined health intelligence cooperative.

**Care** – Optimise care processes to improve outcomes and reduce cost as an integrated, health and care system.

**Payment** – ensure providers are being paid fairly for the value they provide in terms of individual patient and population care.

At a glance :

[https://youtu.be/tz1Do\\_tUTpl](https://youtu.be/tz1Do_tUTpl)

## System P Hackathon

*A Hackathon is an event used to generate lots of new ideas, supported by access to advanced intelligence.*



**Over 70 people** attended our first System P Hackathon on November 10th so huge thanks to those who joined us!

The main focus of this first session was to generate detailed discussions on the profile of the people within our two priority segments, questioning how we can develop our understanding of their needs.

These outputs will shape the content of our Place Segment

Data Packs, giving us greater insight into the population across Cheshire & Merseyside (C&M). We are really excited to see both the similarities and differences across 9 places, which these packs will help illustrate.

The 2nd Hackathon event will be in early Spring. Contact our team (details on next page) if you're interested in attending.

**Place intelligence packs coming soon – watch this space!**

# population segmentation using **Bridges to Health**

**Segmentation** is a way of grouping people from across a population, based on a common set of needs.

The 'Bridges to Health' model of segmentation is endorsed by NHS England/Improvement and helps us move away from organisational and service perspectives. It does not view each individual health condition as a separate segment, as some segmentation and clinical approaches do. This model gives us the opportunity to think and act very differently to meet the broader, and multi-faceted needs of local people. Being care setting agnostic, the model lends itself well to meaningful population outcomes measurement, reporting and incentivisation.

Via our System P Reference Group, we have chosen to prioritise two segments for our initial proof of concept phase:

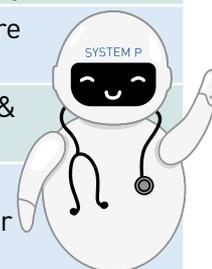
## System P Bridges to Health segmentation model **Complex lives & frailty and dementia**

- 1 Healthy** People in this segment are described as 'healthy' they may have some acute self limited problems
- 2 Pre-conditions** People in this segment are at risk of developing conditions Familiar Hypercholesterolaemia, Impaired Glucose regulation and hypertension
- 3 Disability** This segment includes people with serious disability, including physical and learning disability
- 4 Complex lives** This segment is for those who have a physical and mental health condition alongside other key issues such as homelessness, addictions, care leavers. It takes an all-age, family centred and life course approach
- 5 Frailty and dementia** People in this segment will have increasing vulnerability from frailty and/or forms of dementia
- 6 LTC** Long term conditions are chronic illness that are rarely resolved eg. COPD
- 7 Cancer** Those who are living with a diagnosis of cancer
- 8 End of life** People who are reaching the end phase of their life, and experiencing failing health and a short period of decline before dying

Segmentation aims to categorise the population according to health status, health care needs and priorities. This methodology identifies groups of people who share characteristics that influence the way they interact with the health and care services.

## meet the **System P Team**

Individual	System P role	Role outside of the programme
Professor Joe Rafferty CBE	Executive Sponsor	Chief Executive Mersey Care NHS Foundation Trust
Dr Louise Edwards	Senior Responsible Officer	Executive Director of Strategy, Mersey Care
Andrea Astbury	Programme Director	Deputy Director of Strategy, NHS Liverpool CCG
Wes Baker	Strategic Analytics	Director of Strategic Analytics, Economics and Population Health Management, Mersey Care
Shahina Rashid	Project Support	Project Support, Midlands & Lancashire Commissioning Support Unit
Helen Bennett	Senior Advisor	Deputy Director of Strategic Planning & Intelligence, Mersey Care
Helen Duckworth	Intelligence Infrastructure	Associate Director of Business Intelligence C&M, Programme Director for CIPHA
Professor Ben Barr	Data Science & Analytics	Professor in Applied Public Health Research, Institute of Population Health, University of Liverpool
Dr Rachel Joynes	Knowledge Mobilisation	Director of Research Infrastructure & Education



segment in focus

# Complex Lives

People within this segment often lead chaotic lifestyles and may lack the means and support to effectively manage their own health and wellbeing.

They are likely to find it harder to readily access effective health and care support which impacts their quality of life and life expectancy. This segment may have slightly differing characteristics across Cheshire & Merseyside. For example, in cities there is likely to be more visible homelessness, but in other areas this could be people moving home frequently and having little or no domestic stability. It is important to remember that this cohort of people are also part of our health and care workforce, which adds to the impetus to improve access, experience, and outcomes.



The Complex Lives segment considers a range of broader risk factors alongside common health conditions. Those risk factors are homelessness, alcohol dependence, substance misuse, high intensity user of A&E, domestic abuse, history of being looked after and a history of offending.

Please take a look at the following animation:

<https://youtu.be/N0tlKFpMiiE>

## Insight and co-production – can you help?

The System P programme will use qualitative insight alongside data to support changes in services and care for people in Cheshire and Merseyside. **We'd like to hear from you** if you have engaged with people with lived experience of complex lives in your Place. By sharing this intelligence, we hope to build a richer picture of need and use this to develop more proactive, preventative services.

We also want to support co-production through System P. Co-production means people with lived experience being equal partners and co-creators alongside people working within services. More to follow in our next newsletter!



A number of barriers often exist which tip the scales of probability against people achieving good health and wellbeing. Addressing these barriers is key to shifting this balance.

Over the last 25 years (1995-2020 data) there has been a 50% increase in the number of children looked after by local authorities in England. This will also equate to an associated rise in mental health and emotional needs.

### DID YOU KNOW?

**56%** have a common mental health problem and **23%** have a Serious Mental Illness

**93%** have a long term condition

**10 x** more likely to go to A&E

**20 x** more likely to be admitted to hospital

Evidence suggests that it costs public services **£87m per year to support 3,500 adults with complex lives in Liverpool alone**

There are a number of excellent resources which help describe the Complex Lives cohort – for example: <https://lankellychase.org.uk/wp-content/uploads/2015/07/Hard-Edges-Mapping-SMD-2015.pdf>

This report estimates that over 250,000 people in England experience at least 2 out of 3: homelessness, substance misuse and criminal justice system – rate of 4.2 people per 1,000. This equates to 11,340 people in C&M (total population 2.7m people).

# System P Governance - what you need to know?

## Questions and Answers

- Q** Where does the System P Programme report into?
- A** System P is funded by the C&M Integrated Care System and is accountable to the Population Health Board, and provides regular updates there on its progress. Please see governance chart right which explains.
- Q** Who are the key partners?
- A** Mersey Care currently host the System P Programme and its two key partners for delivery are Liverpool Health Partners and the University of Liverpool. However, it is dependent upon the support of a wide range of stakeholders across C&M.
- Q** How do I help influence how System P resources can be used?
- A** The System P Reference Group is the main forum where the programme of work is shaped. You can ask your place based representative to influence the conversation there (see list below) , or contact the System P team directly to discuss a proposal suitable for your Place.
- Q** Do you have clinicians involved?
- A** Yes, our Specialist Advisory Groups (in development now) will have experts relevant to each segment. Our Reference Group has clinical leaders and Place development projects will have appropriate management and clinical input. Also, Directors of Public Health across Cheshire & Merseyside have been involved from the offset.

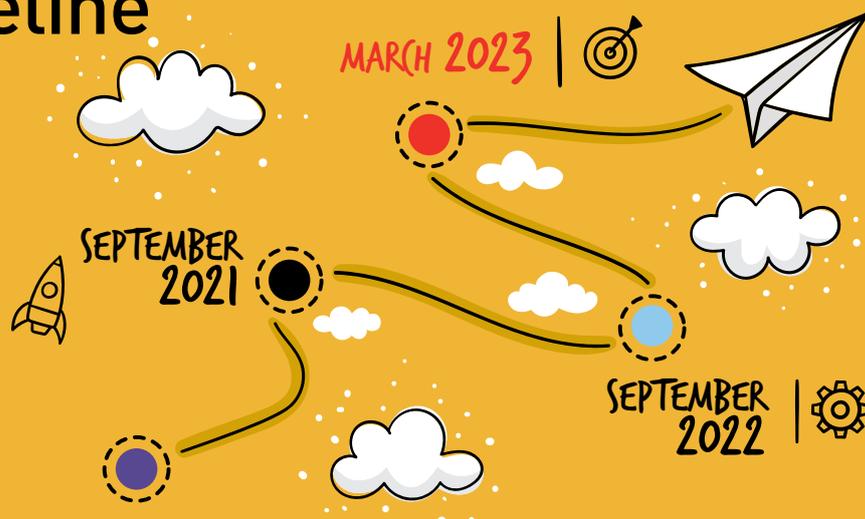
## Governance and stakeholder engagement



## Programme timeline

At this stage, System P is a proof of concept programme which commenced in September '21 and will last for approximately 12-18 months.

We hope that during this time, we adequately prove the value of the System P approach to ensure its continuation. We are committed to collaboration and shared learning, so whatever the future of System P looks like, will be shaped by the stakeholders who stand to benefit most from its outputs.



# System P Reference Group Membership

Members are here to help shape and direct the programme to best meet the needs of the C&M Places. We have sought membership from a range of different organisations, places and professional groups to help achieve this.

Andrea Astbury	System P Programme Director – <a href="mailto:Andrea.Astbury@liverpoolccg.nhs.uk">Andrea.Astbury@liverpoolccg.nhs.uk</a>
Kate Abendstern	Programme Consultant, C&M Mental Health, Learning Disabilities and Community Provider Collaborative
Geoffrey Appleton	Chair of St Helens CCG
Matt Ashton	Director of Public Health Liverpool City Council
Wesam Baker	Director Strategic Analytics, Economics and Population Health Management & System P
Helen Bennett	Deputy Director of Strategy & Integration Mersey Care / System P
Michael Brown	Chair Wirral Community Health & Care
Linda Buckley	Provider Collaboratives Managing Director, C&M
Paula Cowan	Chair of Wirral CCG & GP
Pete Chamberlain	Chair NHS South Sefton CCG
Paul Charnley	Digital Lead for C&M ICS
Louise Edwards	Executive Director of Strategy & Planning Mersey Care (SRO for System P)
Warren Escadale	Chief Executive Voluntary Sector North West
Dave Horsfield	Director of Transformation, Planning & Performance Liverpool CCG & Chair of Directors of Commissioners C&M
Richard Jones	Head of Informatics Liverpool City Council
Nikhil Khashu	Director of Finance St Helens & Knowsley Trust
Sharon McAteer	JSNA Lead for Halton Borough Council
Paula Parvulescu	Public Health Consultant Liverpool City Council
Joe Rafferty	Chief Executive of Mersey Care and System P (CHAIR)
Shahina Rashid	Programme Support Officer – <a href="mailto:Shahina.rashid@nhs.net">Shahina.rashid@nhs.net</a>
Susie Roberts	Public Health Consultant, Cheshire East Council
Sarah Smith	Executive Director Health & Social care, Knowsley Council



## final thoughts

If you are interested in knowing more about System P, or think it could be used to develop an innovative new intervention in your Place, please get in touch with the team.

## In the next issue

Place Segment Packs  
Segment Focus –  
Frailty & Dementia  
2nd Hackathon event  
Place Proposals –  
System P in Action  
Specialist Advisory  
Groups